

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/21/2012	
NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260			
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F0000	<p>This visit was for the Investigation of Complaints IN00120799, IN00120868 and IN00121015.</p> <p>Complaint: IN00120799 Substantiated. Federal/State deficiencies related to the allegation are cited at F157, F282.</p> <p>Complaint: IN00120868 Substantiated. Federal/State deficiencies related to the allegation are cited at F157, F282, F312, F314.</p> <p>Complaint: IN00121015 Substantiated. Federal/State deficiencies related to the allegation are cited at F157, F282, F312, F323, F327.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: December 17, 18, 19 & 21, 2012</p> <p>Facility Number: 000070 Provider Number: 155149</p>		F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Review on or after January 16, 2013. We respectfully request an IDR for the state to consider the following deficiencies F282, F312, F323 to be considered in deleting and or reducing the scope and severity. We are requesting a face to face IDR discussion.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2013
FORM APPROVED
OMB NO. 0938-0391

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	<p>AIM Number: 100266190</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census Bed Type: SNF: 9 SNF/NF: 86 Total: 95</p> <p>Census Payor Type: Medicare: 15 Medicaid: 70 Other: 10 Total: 95</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 12/26/12 Cathy Emswiller RN</p>						

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F0157 SS=E	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on observation, record review and interview the facility failed to immediately inform a resident's family member of a</p>		F0157	<p>F157 Notify of changes (injury/decline/room, etc)It is the practice of this provider to immediately inform the resident, consult with the resident' physician, and if known, notify the</p>		01/16/2013	

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	<p>change of condition, and failed to notify the resident's physician for a change in condition which had the possibility of physician intervention for 4 of 6 sampled residents. [Residents "A", "F", "B" and "E"].</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 12-17-12 at 1:53 p.m. Diagnoses included but were not limited to chronic obstructive pulmonary disease, congestive heart failure, and hypertension. The resident was admitted to the facility on 11-25-12. These diagnoses remained current at the time of the record review.</p> <p>Admission orders included Spiriva [a bronchodilator] 18 mcg [micrograms] daily, Albuterol [a bronchodilator - anti asthmatic inhaler], Advair Diskus [a bronchodilator] two times a day. The record also indicated the resident received oxygen therapy at</p>		<p>resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice · Resident A no longer resides at the facility· Resident F no longer resides at the facility· Resident B no longer resides at the facility· Resident E no longer resides at the facility How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?· Residents with a change of condition have the potential to be affected by the alleged deficient practice.· Licensed staff will be re-educated to physician and family/responsible party notification related to resident change of condition, by January 16, 2013 by the Staff Development Coordinator/designee.· Residents Change are reviewed for change of condition in the morning interdisciplinary team meeting</p>				

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	<p>2 liters per nasal canula and c-pap [continuous positive air pressure] at bedtime per physician order dated 11-25-12."</p> <p>In addition the resident had a physician order, dated 11-25-12 for the nursing staff to monitor oxygen saturation levels every shift.</p> <p>The record indicated the following: "11-27-12 at 10:36 p.m. - Resident awake and alert. Resident had occational <sic> nonproductive <sic> cough. Resident has o2 [oxygen] at 2 liters/nasal cannuli <sic> and wears c-pap at bedtime."</p> <p>"11-28-12 at 4:45 p.m. - Re;c <sic> resident in bed hob [head of bed] up. Resident struggling to breath c-pap applied O2 sat. between 83 [%] - 84 [%]. Resident has HX. history] COPD [chronic obstructive pulmonary disease] on o2 at 2 l [liters] per nc [nasal canula]. NP [nurse practitioner] notified, new order rec;d <sic> Assessment done, some wheezing noted. Resp</p>		<p>Monday through Friday (excluding holidays) to review for resident change of condition and physician notification. · DNS/designee reviews the physician orders and The Facility Activity Report, Monday through Friday (excluding Holidays) for documentation to support that physician/family have been notified. · The Nurse Manager on call is notified of acute change in condition on the weekend and holiday. · DNS/Administrator is notified as necessary. DNS/designee reviewed all residents charts to ensure all change of conditions were reported to the Physician and Family. DNS/designee reviewed physician orders and The Facility Activity Report for documentation to support that physician/family have been notified Monday through Friday. The Nurse Manager on call is notified of acute change in condition on the weekends and holidays to ensure that family and physician have been notified. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur Residents Change of condition is reviewed in the morning interdisciplinary team meeting Monday through Friday (excluding · holidays) to review for resident change of condition (including vital signs out of range)</p>				

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	<p>[respiratory therapist] here, inservice on the c-pap done. Staff spoke with family. Staff cont;d <sic> to monitor o2 [oxygen] sat [saturation] 88 [%] - 91 [%]."</p> <p>"11-29-12 at 6:01 a.m. - Resident resting in bed with c-pap machine on, o2 level range between 88 - 91 when on c-pap. Resident was made comfortable and bed adjusted to level when airway is open and resident is able to breathe easily."</p> <p>"11-29-12 at 2:18 p.m. - At about 9:00 a.m. resident was c/o [complains of] sob [shortness of breath]. Writer checked o2 sats 77 % ra [room air] Resident had taken off O2, once O2 was on res. [resident] O2 sat. increased to 93% on 2L O2. Writer retrieved another nurse for more advice, she said she was ok now. Res. was also c/o c-pap machine not giving enough O2, res. had [family member] bring in c-pap machine from home, [family member] connected c-pap machine and res. said [resident]</p>		<p>andPhysician and family/responsible partynotified. · DNS/designee reviews the physician orders and Facility Activity ReportMonday through Friday (excluding Holidays) for documentation to support that physician and family/responsible party havebeen notified. · The Nurse Manager on call is notified of acute change in condition on theweekend and holiday to ensure that family and physician will be notified. · Licensedstaff will be re-educated to physician and family/responsible partynotification related to resident change of condition, by January 16, 2013 by the Staff DevelopmentCoordinator/designee. · Noncompliance with the facility policy and procedures may result inemployee education and /or disciplinary action up to and including termination. · DNS/Designee to monitor compliance for physician/family notification. How the corrective action(s) will be monitored toensure the deficient practice will not recur, i.e., what quality assurance programwill be put into place · A Changeof Condition CQI tool will be utilized weekly x 4, monthly x 2, and quarterlythereafter. · Ifthreshold of 95% is not achieved, anaction plan will be developed to achieve desired threshold. · Datawill be submitted to the CQI Committee</p>				

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	<p>was fine. Res. [family member] was cleaning her up and writer told [family member] to let me know when [resident] was done, writer wanted to check O2 sat, et [and] [family member] was at 96 % 2 L O2. After stand up writer was informed that res. could not use c-pap from home. Writer informed resident et [family member] of the situation. Writer switched <sic> [resident] back to the other c-pap machine et resident was fine. About 1:00 p.m. CNA [certified nurse aide] informed writer that resident could not breathe well. Writer did VS [vital signs] all w/n/l/ [within normal limits] BP [blood pressure] 138/72, P [pulse] 82, R [respirations] 24 O2 sat 93 % T. [temperature] 97.6 Writer asked for the Unit manager to help with c-pap straps. Res. was sating at 96 % and fading in et out of conscienceous <sic> et c/o chest pains. Writer retrieved NP for more advice called 911. Sent to [name of local area hospital] ER [emergency room] for eval</p>		for review and follow up. Compliance date: January 16, 2013				

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	<p>[evaluation] and Tx. [treatment]."</p> <p>Review of the record indicated the physician ordered the c-pap for the resident on 11-25-12. Although review of a delivery form on 12-21-12 at 8:30 a.m., and dated 11-25-12, the record lacked documentation the resident received the continuous breathing treatment until 11-27-12.</p> <p>In addition, the record lacked documentation the physician was notified for clarification of the Albuterol order in regard to frequency and the resident never received the treatment. A review of the medication administration record for 11-2012, indicated the resident did not receive the physician ordered medications in regard to the bronchodilator's, which included three treatments of Advair Diskus and two treatments for the Spiriva.</p> <p>Further review of the record lacked documentation the nursing staff</p>						

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	<p>failed to inform the physician the oxygen saturation levels had not been conducted as ordered for each nursing shift.</p> <p>A review of the Hospital record on 12-17-12 at 9:00 a.m. indicated the resident was assessed with an oxygen saturation level of 87 %, diagnosed with pneumonia and required respiratory therapy intervention. The emergency room physician indicated the resident had complaints of "mid sternal - epigastric pain and shortness of breath since lunch, difficulty breathing last night (off c-pap times 5 days), had c-pap last night but shortness of breath worsened today. Not receiving breathing treatments since at ECF [extended care facility] times 3 days with inspiratory and expiratory wheezing and rhonchi anterior."</p> <p>Interview on 12-17-12 at approximately 1:00 p.m., a concerned family member indicated the nursing staff didn't get the c-pap</p>						

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	<p>machine in "right away and once they got it they didn't know how to use it. [Resident] wasn't getting breathing treatments either."</p> <p>2. The record for Resident "F" was reviewed on 12-19-12 at 10:50 p.m. Diagnoses included but were not limited to weakness, hypertension, diabetic and neuropathy. These diagnoses remained current at the time of the record review.</p> <p>The resident was admitted to the facility on 09-01-12. At the time of admission, the resident required "assistance with bathing, dressing and toileting and maximum assistance with mobility."</p> <p>The record indicated on 10-09-12 at 1:01 p.m. the "resident has been laothorgic <sic> this shift, not able to help self do anything, Md [medical doctor] order cbc [complete blood count], bmp [basic metabolic profile] c x r [chest xray] et [and] duoneb [inhalation therapy] three times a day times 3</p>						

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	<p>days."</p> <p>The nurses notes further indicated on 10-09-12 at 7:15 p.m. "lab [laboratory] results came back abnormal. New order were given ..."</p> <p>Review of the physician orders indicated ua [urinalysis] c & s [culture and sensitivity]."</p> <p>The nursing staff received a subsequent order dated 10-10-12 which instructed them to take the oxygen saturation level during the middle of the night to see if "sat [oxygen saturation level]" drops below 90 %. In and out cath [catherization] to obtain ua c & s."</p> <p>Review of the nurses notes dated 10-10-12 at 1:53 p.m. indicated "res. alert but doesn't want to open eyes or mouth. res. wants to lay in bed during shift and doesn't want to get up."</p> <p>Nurses note 10-10-12 at 3:56 p.m. -</p>						

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	<p>as a late entry indicated the resident had an "witnessed fall on 10-09-12" and although the resident did not hit head the physician ordered blood work. "Chest xray showed mild pulmonary vascular congestion in both lower lung fields. MD notified and order to check O2 sat and UA."</p> <p>Nurses note 10-10-12 at 9:19 p.m. indicated the write "called MD to give update on res. res was acting more lethargic and out of it than the night before. chest xray showing mild pulmonary vascular congestion in both lower lung fields. MD was notified and the following orders were put into place. O2 sat during middle of night to see if sat drops below 90 % in and out cath to obtain UA C & S per MD."</p> <p>Nurses note 10-10-12 at 9:39 p.m. Rec;d <sic> resident in bed, responsive to tactile stimulation. Resident only took sip of water encouragement given. Refused diet</p>						

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	<p>staff assist ed <sic> as needed, incontinent of bowel et bladder. Total care with ADL's [activities of daily living] refused medication vitals WNL no wheezing noted staff cont;d <sic> to monitor."</p> <p>Nurses note 10-11-12 at 5:53 a.m. "Resident in bed would no <sic> wake up to open eyes to take medication. No respond <sic> to tactile stimulation vitals WNL, will continue to monitor."</p> <p>Nurses note 10-11-12 at 11:56 a.m. "Resident in bed responsive to touch. Resident didn't eat or take any medication for this writer. Res. didn't open eyes or response <sic> to my voice. Called Md for instruction. writer was advised by the NP to call the family et advise them of the situation and see if they wanted [resident] to go to the hospital. Family said yes, send to [name of local area hospital] ER for eval et tx."</p> <p>A subsequent nurses note dated</p>						

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	<p>10-12-12 at 9:58 a.m. indicated the resident had been admitted to the hospital and to the intensive care unit.</p> <p>Although the nursing staff had physician orders for breathing treatments, oxygen saturation level and urinalysis the nursing staff failed to inform the physician the orders had not been followed prior to the resident being transported to the hospital.</p> <p>In addition, the record lacked documentation the family had been kept informed of the continued decline of the resident's condition until 10-11-12.</p> <p>Interview on 12-19-12 at 1:15 p.m., the Administrator confirmed the physician orders had not been followed.</p> <p>3. The record for Resident "B" was reviewed on 12-17-12 at 1:30 p.m. Diagnoses included but were not limited to diabetes mellitus,</p>						

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	<p>pancreatic disorder, hypertension, traumatic brain injury, chronic obstructive pulmonary disease and hypertension. These diagnoses remained current at the time of the record review.</p> <p>Review of the nurses progress notes dated 11-22-12 at 2:50 p.m. indicated the "resident in bed at start of shift, resident not willing to get out of bed and expresses that [resident] is tired."</p> <p>Nurses note dated 11-22-12 at 4:17 p.m., indicated "resident in room alert to name, response slow O2 sat 76 % O2 applied. Assessment done. [Name of physician] was called <sic> with result of blood sugar 366 et resident lethargic, [family member] yelling et send my baby to the hosp. [hospital]. 911 was called. Resident transferred to [name of local area hospital]."</p> <p>Interview with a concerned family member on 12-18-12 at 4:00 p.m., indicated, my [resident] called me,</p>						

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	<p>and I could barely understand [resident]. They had already started oxygen and no one called me. I live [address given] and it takes over 45 minutes to get there. When I did get there [resident] looked bad, yes I told them to send [resident] to the hospital. They call me for everything else, and I don't know why they didn't call me. It took [resident] to call and let me know how bad [resident] was."</p> <p>Review of the hospital emergency room report on 12-17-12 at 9:15 a.m. indicated the resident had "altered mental status with a urinary tract infection, bradycardia and dehydration" was intubated and received antibiotic medications and respiratory therapy.</p> <p>The resident was admitted to the hospital on 11-27-12 and later discharged to another facility on 12-11-12 with final diagnoses which included asthma, urinary tract infection, chronic obstructive pulmonary disease and bronchitis.</p>						

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	<p>In addition when the resident was evaluated at the local area hospital emergency room on 11-22-12, the hospital record indicated the resident was assessed with "poor oral hygiene, diaper soaked in urine, diaper rash and small ulcer on testicle."</p> <p>Additional hospital notation dated 11-22-12 indicated the "patient was "unclean/has poor oral hygiene, poor skin condition/decubitus ulcers, ulcers on testicles, and extreme diaper rash."</p> <p>During record review on 12-19-12 at 9:30 a.m., the "shower report" dated 11-21-12 indicated the resident had "redness and raw" noted. The comment section of this report indicated "redness with no open areas." Interview on 12-19-12 at 1:10 p.m. the Assistant Director of Nurses indicated the physician should have been notified for a treatment order. "I was not made aware that on 11-21-12 the</p>						

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	<p>area was red or raw. If I had know, yes it would have required the doctor to be notified for a treatment order."</p> <p>4. The record for Resident "E" was reviewed on 12-18-12 at 10:30 a.m. Diagnoses included but were not limited to respiratory failure, congestive heart failure, chronic obstructive pulmonary disease, and anoxic injury. In addition the resident had a gastrostomy feeding tube, an indwelling catheter, a rectal tube and a tracheostomy.</p> <p>These diagnoses remained current at the time of the record review.</p> <p>Observation on 12-18-12 at 1:35 p.m., the resident was observed for a skin assessment. With the Director of Nurses in attendance and licensed nurse employee #3 the resident was turned to the right side. Observation at this time, the resident was incontinent of stool and a saturated dressing was</p>						

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	<p>observed on the posterior of the resident's left thigh.</p> <p>Review of the nurses progress notes, dated 12-17-12 at 4:29 p.m. indicated the "resident had a small area covered with a bandage on left buttock cheek. Area is closed however with potential to breakdown." Review of the nursing admission assessment, dated 12-17-12 at 3:20 p.m., also indicated the resident had a "pressure sore - left buttock cheek."</p> <p>Review of the "Temporary Admission Care Plan," dated 12-17-12 at 3:35 p.m., indicated the resident "has actual impaired skin integrity (location) left buttock cheek." Intervention to this plan of care included "notify the MD [medical doctor] as needed."</p> <p>The nursing staff failed to notify the physician for a treatment order until 12-18-12 at 1:00 p.m., when the Director of Nurse indicated the physician prescribed "Calmoseptine</p>						

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	<p>every shift and as needed."</p> <p>In addition, upon admission the resident was assessed with a feeding tube and physician orders for a "free water boluses 400 ml [milliliters] every six hours."</p> <p>Upon review of the medication administration record [12-2012], the nurse transcribed the order as 200 ml every six hours. Interview on 12-19-12 at 8:25 a.m., licensed nurse employee #7 verified the order as "200 c.c. [cubic centimeters] every 4 hours."</p> <p>Observation on 12-19-12 at 9:55 a.m., with the Director of Nurses in attendance the resident's skin was again assessed. The urine in the resident's catheter tubing was dark and appeared concentrated. Interview on 12-19-12 at 1:00 p.m., the Director of Nurses verified the color of the resident's urine. However the nursing staff failed to notify or clarify the physician order in regard to clarification of the free</p>						

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	<p>water boluses.</p> <p>5. Review of the facility policy on 12-19-12 at 8:45 a.m., titled "Resident Change of Condition," and dated as revised 3/10 [March 2010], indicated the following:</p> <p>"POLICY [bold type] It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely and effective intervention occurs."</p> <p>"PROCEDURE - 2. Acute Medical Change - a. Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation. The licensed nurse in charge will notify the physician. c. The responsible party will be notified that there has been a change in the resident's condition</p>						

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	<p>and what steps are being taken. 3. Routine Medical Change - a. All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician promptly. Routine changes are a minor change in physical and mental behavior, abnormal laboratory and x-ray results that are not life threatening. b. The nurse in charge is responsible for notification of physician and family/responsible party prior to end of assigned shift when a significant change in the resident's condition is noted. f. Document resident change of condition and response in the medical record. Documentation will include time and family/physician response. g. The licensed nurse responsible for the resident will continue assessment and documentation in the medical record every shift until the resident's condition has stabilized."</p> <p>This Federal tag relates to complaints IN00120799,</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2013

FORM APPROVED

OMB NO. 0938-0391

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	IN00120868 and IN00121015. 3.1-5(a)(2) 3.1-5(a)(3) 3.1-5(a)(4)						

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F0282 SS=G	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, record review and interview the facility failed to ensure the resident's plan of care and/or physician orders were followed which included lacked of respiratory therapy interventions which included respiratory distress with hospital admission to the hospital, lack of medications, treatments, laboratory testing, physician referral, hygiene needs, wound care and hydration needs for 6 of 6 sampled resident's. [Resident's "A", "F", "B", "D", "E" and "C"].</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 12-17-12 at 1:53 p.m. Diagnoses included but were not limited to chronic obstructive pulmonary disease, congestive heart failure, and hypertension.</p>		F0282	<p>F282 Comprehensive Care Plans This provider ensures the services provided or arranged by the facility is provided by qualified persons in accordance with each resident's written plan of care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident A no longer resides at the facility · Resident F no longer resides at the facility · Resident B no longer resides at the facility · Resident D's chart was reviewed, physician orders clarified, care plan updated and resident care sheet updated · Resident E no longer resides at the facility · Resident C's activities of daily living (ADL), care plan and resident care sheet were reviewed and updated How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All Residents have the potential to</p>		01/16/2013	

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	<p>The resident was admitted to the facility on 11-25-12. These diagnoses remained current at the time of the record review.</p> <p>Admission orders included Spiriva [a bronchodilator] 18 mcg [micrograms] daily, Albuterol [a bronchodilator - anti asthmatic inhaler], Advair Diskus [a bronchodilator] two times a day. The record also indicated the resident received oxygen therapy at 2 liters per nasal canula and c-pap [continuous positive air pressure] at bedtime per physician order dated 11-25-12."</p> <p>In addition the resident had a physician order, dated 11-25-12 for the nursing staff to monitor oxygen saturation levels every shift.</p> <p>The record indicated the following:</p> <p>"11-27-12 at 10:36 p.m. - Resident awake and alert. Resident had occational <sic> nonproductive <sic> cough. Resident has o2</p>				<p>be affected by the alleged deficient practice. · Licensed staff will be re-educated on nursing admission/return admission procedure, change of condition, physician orders and care plans by January 16, 2013 by the Staff Development Coordinator/designee. · The Facility Activity report, physician orders and new admissions/re-admissions are reviewed in the morning interdisciplinary team meeting to ensure services are provided per plan of care · DNS/designee reviews the physician orders and The Facility Activity Report to ensure services are provided per plan of care. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? · Licensed nurses have been re-educated by the SDC/designee on accurate reading of Physician's orders and transcription to the MAR/TAR and Resident Needs sheets by January 16, 2013. · All copies of physician orders will be checked for transcription errors by Nurse Managers during clinical meeting. · Weekly audits of MAR's/TAR's will be completed by Nurse Managers · The IDT will review the physician orders at the clinical meeting. The IDT determines if further interventions or changes to the plan of care is necessary. · All admissions</p>		

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	<p>[oxygen] at 2 liters/nasal cannuli <sic> and wears c-pap at bedtime."</p> <p>"11-28-12 at 4:45 p.m. - Re;c <sic> resident in bed hob [head of bed] up. Resident struggling to breath c-pap applied O2 sat. between 83 [%] - 84 [%]. Resident has HX. history] COPD [chronic obstructive pulmonary disease] on o2 at 2 l [liters] per nc [nasal canula]. NP [nurse practitioner] notified, new order rec;d <sic> Assessment done, some wheezing noted. Resp [respiratory therapist] here, inservice on the c-pap done. Staff spoke with family. Staff cont;d <sic> to monitor o2 [oxygen] sat [saturation] 88 [%] - 91 [%]."</p> <p>"11-29-12 at 6:01 a.m. - Resident resting in bed with c-pap machine on, o2 level range between 88 - 91 when on c-pap. Resident was made comfortable and bed adjusted to level when airway is open and resident is able to breathe easily."</p> <p>"11-29-12 at 2:18 p.m. - At about</p>		<p>orders are to be verified by Nurses. · Staff who are noncompliant may be re-educated and /or receive disciplinary action up to and including termination. · Director of Nursing/designee is to monitor for compliance.Rounds will be conducted by DNS/designee on all shifts to ensure the care plans are followed regarding hydration needs, respiratory interventions, hygiene needs and wound care.MAR/TAR's will be reviewed by DNS/designee to ensure medications, treatments, wound care and labs are being provided as prescribed.The Facility Activity report, physician orders and new admissions/re-admissions are reviewed in the morning interdisciplinary team meeting to ensure services are provided per plan of care. The Manager on Duty/desginee will review the will review facility activity report and new admission/re-admissions on the weekends.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · An admission/re-admission CQI and Care Plan updating CQI will be utilized weekly x 4, and monthly x2, quarterly thereafter. The CQI committee will review the · data collected. If a 95% threshold is not achieved, an action plan will be developed. Compliance date: January 16,</p>				

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	<p>9:00 a.m. resident was c/o [complains of] sob [shortness of breath]. Writer checked o2 sats 77 % ra [room air] Resident had taken off O2, once O2 was on res. [resident] O2 sat. increased to 93% on 2L O2. Writer retrieved another nurse for more advice, she said she was ok now. Res. was also c/o c-pap machine not giving enough O2, res. had [family member] bring in c-pap machine from home, [family member] connected c-pap machine and res. said [resident] was fine. Res. [family member] was cleaning her up and writer told [family member] to let me know when [resident] was done, writer wanted to check O2 sat, et [and] [family member] was at 96 % 2 L O2. After stand up writer was informed that res. could not use c-pap from home. Writer informed resident et [family member] of the situation. Writer switched <sic> [resident] back to the other c-pap machine et resident was fine. About 1:00 p.m. CNA [certified nurse aide] informed writer that</p>			2013			

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	<p>resident could not breathe well. Writer did VS [vital signs] all w/n/l/ [within normal limits] BP [blood pressure] 138/72, P [pulse] 82, R [respirations] 24 O2 sat 93 % T. [temperature] 97.6 Writer asked for the Unit manager to help with c-pap straps. Res. was sating at 96 % and fading in et out of consciencous <sic> et c/o chest pains. Writer retrieved NP for more advice called 911. Sent to [name of local area hospital] ER [emergency room] for eval [evaluation] and Tx. [treatment]."</p> <p>Review of the record indicated the physician ordered the c-pap for the resident on 11-25-12, the record lacked documentation the resident received the continuous breathing treatment until 11-27-12. In addition, the record lacked documentation the physician was notified for clarification of the Albuterol order in regard to frequency and the resident never received the treatment. A review of the medication administration</p>						

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	<p>record for 11-2012, indicated the resident did not receive the physician ordered medications in regard to the bronchodilator's, which included three treatments of Advair Diskus and two treatments for the Spiriva.</p> <p>Further review of the record lacked documentation the nursing staff failed to inform the physician the oxygen saturation levels had not been conducted as ordered for each nursing shift.</p> <p>A review of the Hospital record on 12-17-12 at 9:00 a.m. indicated the resident was assessed with an oxygen saturation level of 87 %, diagnosed with pneumonia and required respiratory therapy intervention. The emergency room physician indicated the resident had complaints of "mid sternal - epigastric pain and shortness of breath since lunch, difficulty breathing last night (off c-pap times 5 days), had c-pap last night but shortness of breath worsened today.</p>						

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	<p>Not receiving breathing treatments since at ECF [extended care facility] times 3 days with inspiratory and expiratory wheezing and rhonchi anterior."</p> <p>Interview on 12-17-12 at approximately 1:00 p.m., a concerned family member indicated the nursing staff didn't get the c-pap machine in "right away and once they got it they didn't know how to use it. [Resident] wasn't getting breathing treatments either."</p> <p>2. The record for Resident "F" was reviewed on 12-19-12 at 10:50 p.m. Diagnoses included but were not limited to weakness, hypertension, diabetic and neuropathy. These diagnoses remained current at the time of the record review.</p> <p>The resident was admitted to the facility on 09-01-12. At the time of admission, the resident required "assistance with bathing, dressing and toileting and maximum assistance with mobility."</p>						

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	<p>The record indicated on 10-09-12 at 1:01 p.m. the "resident has been laothorgic <sic> this shift, not able to help self do anything, Md [medical doctor] order cbc [complete blood count], bmp [basic metabolic profile] c x r [chest xray] et [and] duoneb [inhalation therapy] three times a day times 3 days."</p> <p>The nurses notes further indicated on 10-09-12 at 7:15 p.m. "lab [laboratory] results came back abnormal. New order were given ..."</p> <p>Review of the physician orders indicated ua [urinalysis] c & s [culture and sensitivity]."</p> <p>The nursing staff received a subsequent order dated 10-10-12 which instructed them to take the oxygen saturation level during the middle of the night to see if "sat [oxygen saturation level]" drops below 90 %. In and out cath</p>						

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	<p>[catherization] to obtain ua c & s."</p> <p>Review of the nurses notes dated 10-10-12 at 1:53 p.m. indicated "res. alert but doesn't want to open eyes or mouth. res. wants to lay in bed during shift and doesn't want to get up."</p> <p>Nurses note 10-10-12 at 3:56 p.m. - as a late entry indicated the resident had an "witnessed fall on 10-09-12" and although the resident did not hit head the physician ordered blood work. "Chest xray showed mild pulmonary vascular congestion in both lower lung fields. MD notified and order to check O2 sat and UA."</p> <p>Nurses note 10-10-12 at 9:19 p.m. indicated the write "called MD to give update on res. res was acting more lethargic and out of it than the night before. chest xray showing mild pulmonary vascular congestion in both lower lung fields. MD was notified and the following orders were put into</p>						

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	<p>place. O2 sat during middle of night to see if sat drops below 90 % in and out cath to obtain UA C & S per MD."</p> <p>Nurses note 10-10-12 at 9:39 p.m. Rec;d <sic> resident in bed, responsive to tactile stimulation. Resident only took sip of water encouragement given. Refused diet staff assist ed <sic> as needed, incontinent of bowel et bladder. Total care with ADL's [activities of daily living] refused medication vitals WNL no wheezing noted staff cont;d to monitor."</p> <p>Nurses note 10-11-12 at 5:53 a.m. "Resident in bed would no <sic> wake up to open eyes to take medication. No respond <sic> to tactile stimulation vitals WNL, will continue to monitor."</p> <p>Nurses note 10-11-12 at 11:56 a.m. "Resident in bed responsive to touch. Resident didn't eat or take any medication for this writer. Res. didn't open eyes or response <sic></p>						

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	<p>to my voice. Called Md for instruction. writer was advised by the NP to call the family et advise them of the situation and see if they wanted [resident] to go to the hospital. Family said yes, send to [name of local area hospital] ER for eval et tx."</p> <p>A subsequent nurses note dated 10-12-12 at 9:58 a.m. indicated the resident had been admitted to the hospital and to the intensive care unit.</p> <p>Although the nursing staff had physician orders for breathing treatments, oxygen saturation level and urinalysis the nursing staff failed to inform the physician the orders had not been followed prior to the resident being transported to the hospital.</p> <p>In addition, the record lacked documentation the family had been kept informed of the continued decline of the resident's condition until 10-11-12.</p>						

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	<p>Interview on 12-19-12 at 1:15 p.m., the Administrator confirmed the physician orders had not been followed.</p> <p>3. The record for Resident "B" was reviewed on 12-17-12 at 1:30 p.m. Diagnoses included but were not limited to diabetes mellitus, pancreatic disorder, hypertension, traumatic brain injury, chronic obstructive pulmonary disease and hypertension. These diagnoses remained current at the time of the record review.</p> <p>The clinical record indicated the resident had fluctuating capillary blood glucose levels, and on 11-05-12 the physician instructed the nursing staff to "refer to Endocrinologist."</p> <p>The resident's blood glucose levels continued to fluctuate through 11-22-12, when the resident was sent to the local area hospital for evaluation.</p>						

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	<p>The record lacked information or documentation the resident was referred to the Endocrinologist for evaluation and possible treatment.</p> <p>Review of the resident's minimum data set assessment, dated 09-19-12 indicated the resident required extensive assistance with toileting, hygiene and was frequently incontinent.</p> <p>The resident's plan of care dated 10-04-11 indicated the resident had a "self care deficit." A "goal" to this "problem" indicated the "resident will be clean, neatly groomed and dressed appropriately daily"</p> <p>Interventions included "incontinent care as needed, provide oral care at least two times daily, provide shower two times per week, and partial bath in between."</p> <p>A subsequent plan of care dated 08-12-12 indicated "problem -</p>						

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	<p>resident has h/o [history of] impaired skin integrity to lt. [left] ankle and rt. [right]ankle."</p> <p>Interventions to this plan of care included Notify MD of worsening or no change in wound or for signs of infection, incontinent care as needed, assess wound weekly documenting measurements and description, observe for signs of infection: redness, pain, drainage, malodorous drainage, fever, increase in size/depth of wound."</p> <p>When the resident was evaluated at the local area hospital emergency room on 11-22-12, the hospital record indicated the resident was assessed with "poor oral hygiene, diaper soaked in urine, diaper rash and small ulcer on testicle."</p> <p>Additional hospital notation dated 11-22-12 indicated the "patient was "unclean/has poor oral hygiene, poor skin condition/decubitus ulcers, ulcers on testicles, and extreme diaper rash."</p>						

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	<p>During record review on 12-19-12 at 9:30 a.m., the "shower report" dated 11-21-12 indicated the resident had "redness and raw" noted. The comment section of this report indicated "redness with no open areas." Interview on 12-19-12 at 1:10 p.m. the Assistant Director of Nurses indicated the physician should have been notified for a treatment order. "I was not made aware that on 11-21-12 the area was red or raw. If I had know, yes it would have required the doctor to be notified for a treatment order."</p> <p>4. The record for Resident "D" was reviewed on 12-19-12 at 9:40 a.m. Diagnoses included but were not limited to ischemic heart disease, Alzheimer dementia, coronary artery disease, hypertension, and a pressure ulcer. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident was treated by a local wound care</p>						

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	<p>company.</p> <p>The record indicated the resident had a plan of care dated 11-21-12 which indicated the "resident was at risk for skin breakdown due to impaired mobility, slides down in chair/bed, diabetes, heart disease, incontinence, confusion, anemia and pressure area to the sacrum." Interventions to this plan of care included "preventative treatment as ordered."</p> <p>Review of a physician order dated 12-07-12 instructed the nursing staff to "cleanse sacrum with normal saline and pat dry, apply calo [calmoseptine] to periwound, santyl to wound bed, cover with gauze, secure with tape, change daily and prn [as needed]."</p> <p>The resident was assessed by the local wound care specialist on 12-14-12 and indicated a change in the "plan - Cleanse wound bed with normal saline and pat dry. Apply barrier cream to periwound. Santyl</p>						

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	<p>to wound bed followed by hydrogel moistened, fluffed gauze, then cover with dry gauze and secure daily and PRN soiled."</p> <p>Observation on 12-19-12 at 10:30 a.m., licensed nurse employee #8 indicated she was preparing to complete the dressing change to the resident's pressure ulcer.</p> <p>During this observation, the resident was lying on back in bed fully dressed. The licensed nurse with the help of a CNA turned the resident to the right side, pulled slacks to ankles, removed one side of the incontinent brief, exposing the resident's buttocks. The resident did not have a dressing to the pressure ulcer.</p> <p>The licensed nurse then cleansed around the pressure ulcer two times with a gauze which had been soaked in normal saline. The nurse then applied the Santyl followed by Calmoseptine and a dry dressing had been secured with tape.</p>						

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	<p>Review of the medication/treatment record for 12-2012, contained the order as dated 12-07-12 and not the current order from the wound care specialist.</p> <p>5. The record for Resident "E" was reviewed on 12-18-12 at 10:30 a.m. Diagnoses included but were not limited to respiratory failure, congestive heart failure, chronic obstructive pulmonary disease, and anoxic injury. In addition the resident had a gastrostomy feeding tube, an indwelling catheter, a rectal tube and a tracheostomy.</p> <p>These diagnoses remained current at the time of the record review.</p> <p>Review of the "Temporary Admission Care Plan," dated 12-17-12 at 3:35 p.m., indicated the resident "has potential for fluid deficit r/t [related to] risk factor identified on hydration risk assessment." Interventions to the</p>						

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	<p>plan of care included "assess for dehydration (dizziness on sitting/standing, change in mental status, decreased urine output, concentrated urine cracked lips, cry mucus membranes and electrolyte imbalance)."</p> <p>Upon admission the resident was assessed with a feeding tube and had physician orders for a "free water boluses 400 ml [milliliters] every six hours."</p> <p>Upon review of the medication administration record [12-2012], the nurse transcribed the order as "200 ml every six hours."</p> <p>Interview on 12-19-12 at 8:25 a.m., licensed nurse employee #7 verified the order as "200 c.c. [cubic centimeters] every 4 hours."</p> <p>Observation on 12-19-12 at 9:55 a.m., with the Director of Nurses in attendance the resident's skin was again assessed. The urine in the resident's catheter tubing was dark and appeared concentrated.</p>						

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	<p>Interview on 12-19-12 at 1:00 p.m., the Director of Nurses verified the color of the resident's urine. The nursing staff failed follow the physician order for the free water boluses, and the resident did not receive the required amount of hydration which was 2200 c.c. of free water bolus.</p> <p>Review of the metabolic profile collected on 12-19-12 at 7:36 a.m. with the results received at the facility on 12-19-12 at 13:55 [1:55 p.m.] indicated the resident's sodium level was 153 [normal range of 126 - 146], BUN [blood urea nitrogen] at 30 [normal range 7 - 18].</p> <p>In addition, the resident had a physician order, dated 12-18-12 at 7:00 p.m. which instructed the nursing staff to "keep [oxygen] saturation level above 90 %, oxygen at 5 liters with 28 % humidity to keep saturation greater than 90 %, change duonebs [a respiratory treatment] to every 4</p>						

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	<p>hours via trach and perform an oxygen saturation level every shift."</p> <p>The nursing staff failed to monitor the resident's oxygen saturation level on 12-19-12 at 8:00 a.m. and 12:00 p.m. Observation on 12-19-12 at 2:30 p.m., with the Assistant Director of Nurses in attendance with resident had a change in condition in which the current oxygen saturation level was 85 %.</p> <p>6. The record for Resident "C" was reviewed on 12-17-12 at 12:50 p.m. Diagnoses included but were not limited to dementia, hypertension, aphasia, urinary retention, diabetes, history of pressure ulcers, dysphasia, an indwelling catheter, a feeding tube and a tracheostomy. These diagnosis remained current at the time of the record review.</p> <p>Review of the resident's minimum data set assessment, dated 10-02-12 indicated the resident required total</p>						

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	<p>care of the nursing staff of all aspect of activities of daily living.</p> <p>Review of the resident's plan of care dated 10-03-12 indicated the resident was "NPO [nothing by mouth] and needs extra care to mouth." Interventions to this plan of care indicated "oral care every shift and prn [as needed]."</p> <p>Observation on 12-19-12 at 2:30 p.m., the resident was assessed. During this assessment, the resident's lips were dry and slightly cracked. When the resident opened mouth "strings of thick mucus" were observed between the surface of the upper and lower lips.</p> <p>The resident had a subsequent plan of care dated 07-27-12 which indicated "resident has an open areas <sic> to right and left buttock." Intervention to this plan of care included "blue chux on bed, and turn side to side while in bed." The resident had a subsequent current plan of care dated 10-03-12</p>						

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	<p>in which the resident was assessed with "pressure ulcer."</p> <p>Interventions to this plan of care included "assist/encourage resident to reposition frequently, use of positioning wedge while in bed to promote side to side positioning."</p> <p>Observation on 12-18-12 the resident remained on back from 10:30 a.m. until 1:00 p.m.</p> <p>Additional observation on 12-19-12 the resident remained slightly turned to left side with a pillow positioned under the left upper arm, from 8:30 a.m. thru 2:30 p.m.</p> <p>This Federal tag relates to complaints IN00120799, IN00120868 and IN00121015.</p> <p>3.1-35(g)(2)</p>						

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F0312 SS=G	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents personal hygiene needs were met, in that residents who were unable to perform activities of daily living did not receive the needed nursing services.</p> <p>In addition the local hospital emergency room staff indicated a resident ["B"] was transported and received at the emergency department with a saturated incontinent brief, uncleanliness, poor oral hygiene, poor skin condition which included excoriation and ulceration of the testicles for a resident ["B"] for 3 of 6 sampled residents. [Residents "B", "D" and "C"].</p> <p>Findings include:</p> <p>1. The record for Resident "B" was</p>			F0312	<p>F312 ADL Care Provided for Dependent Residents</p> <p>It the practice of this provider to ensure that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and</p>		01/16/2013

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	<p>reviewed on 12-17-12 at 1:30 p.m. Diagnoses included but were not limited to diabetes mellitus, pancreatic disorder, hypertension, traumatic brain injury, chronic obstructive pulmonary disease and hypertension. These diagnoses remained current at the time of the record review.</p> <p>Review of the resident's minimum data set assessment, dated 09-19-12, indicated the resident required extensive assistance from the nursing staff for hygiene needs. In addition, the assessment indicated the resident was frequently incontinent of urine.</p> <p>Review of the resident's current plan of care, originally dated 10-04-11, indicated the resident had a "self care deficit related to TBI [traumatic brain injury], diabetes, hypertension, seizure disorder and depression. [Resident] ADL's [activities of daily living] may fluctuate due to disease processes."</p>			<p>personal and oral hygiene. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice · Resident B no longer resides at the facility · Resident D's activities of daily living (ADL), care plan and resident care sheet were reviewed and updated. Resident is receiving ADL per plan of care and as needed. · Resident C's activities of daily living (ADL), care plan and resident care sheet were reviewed and updated. Resident is receiving ADL per plan of care and as needed. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken · Residents who receive Activities of Daily Living (ADL's) have the potential to be affected by the alleged deficient practice · Nursing staff will be re-educated on ADL's including resident care practices by January 16, 2013 by the Staff Development Coordinator/designee. · DNS/designee to monitor for compliance. Rounds will be conducted by DNS/designee on all shifts to ensure residents were receiving ADL Care per plan of care What measures will be put into place or what systemic</p>			

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	<p>Interventions to this plan of care included "incontinent care as needed, set up hygiene/grooming equipment in easy reach."</p> <p>When the resident was evaluated at the local area hospital emergency room on 11-22-12, the hospital record indicated the resident was assessed with "poor oral hygiene, diaper soaked in urine, diaper rash and small ulcer on testicle."</p> <p>Additional hospital notation dated 11-22-12 indicated the "patient was "unclean/has poor oral hygiene, poor skin condition/decubitus ulcers, ulcers on testicles, and extreme diaper rash. Physical Indicators Present - Pt. [patient] has ulcers on testicles, extreme diaper rash, poor dental hygiene and came with a soaked diaper." Interview details "SWer [social worker] was alerted by ED [emergency department] MD [medical doctor] due to concern regarding pt's poor hygiene and</p>			<p>changes you will make to ensure that the deficient practice does not recur · Nursing staff will be re-educated on ADL's including resident care practices by January 16, 2013 by the Staff Development · Noncompliance with the facility policy and procedures may result in employee education and /or disciplinary action. · A Nurse rounds sheet will be completed each shift to ensure residents are receiving ADL care per plan of care and as needed · Director of Nursing Services/designee will monitor for compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · A Resident Care Rounds CQI tool will be utilized weekly x 4, monthly x 2, and quarterly thereafter for one year. Data will be submitted to the CQI committee for follow up. If a 95% threshold is not achieved, an action plan will be developed. Completion Date: January 16, 2013</p>			

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	<p>physical condition - pt. lives in Harcourt Terrace nursing home and has TBI. Pt's [family member] reported 'has never seen pt's hygiene this bad in the past.' ED MD is admitting pt to the hospital as an inpatient due to current medical condition. Endangered Adult, Neglect - Potential APS [adult protective services] report will be filed after information is obtained and further assessment is completed <sic>."</p> <p>The hospital record further indicated the SWer spoke with the facility Administrator regarding pt's current medical status and poor skin condition/hygiene.</p> <p>2. The record for Resident "D" was reviewed on 12-19-12 at 9:40 a.m. Diagnoses included but were not limited to ischemic heart disease, Alzheimer dementia, coronary artery disease, hypertension, and a pressure ulcer. These diagnoses remained current at the time of the record review.</p>						

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	<p>Review of the resident's minimum data set assessment, dated 11-26-12, indicated the resident required extensive assistance with hygiene needs.</p> <p>Review of the resident's current plan of care, originally dated 11-21-12 indicated the resident had a "self care deficit." Interventions to this plan of care included "set up hygiene/grooming equipment within easy reach."</p> <p>Observation on 12-17-12 at 2:20 p.m., the resident was seated in wheelchair adjacent to room. The resident's fingernails were long and beneath each nail tip was an abundance of a dried caked substance.</p> <p>3. The record for Resident "C" was reviewed on 12-17-12 at 12:50 p.m. Diagnoses included but were not limited to dementia, hypertension, aphasia, urinary retention, diabetes, history of</p>						

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	<p>pressure ulcers, dysphasia, an indwelling catheter, a feeding tube and a tracheostomy. These diagnosis remained current at the time of the record review.</p> <p>Review of the resident's minimum data set assessment, dated 10-02-12 indicated the resident required total care of the nursing staff of all aspect of activities of daily living.</p> <p>Review of the resident's current plan of care, originally dated 07-27-11 indicated the resident had a "self care deficit related to dementia, depression, hypertension, diabetes, Alzheimer's, aphasia and psychosis." The goal for this plan of care indicated the "resident will be clean, neatly groomed and dressed appropriately daily through next review." Interventions included "encourage resident to do as much for self as possible. Praise efforts at self care. provide shower two times per week, partial bath in between, set up hygiene/grooming equipment in easy reach."</p>						

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	<p>A subsequent plan of care originally dated "resident is at risk for adverse effects of hyperglycemia or hypoglycemia related to use of glucose lowering medication and diagnosis of diabetes mellitus." Interventions to this plan of care included, "Weekly skin assessment, pay particular attention to the feet."</p> <p>Observation on 12-18-12 at 1:00 p.m., with the Director of Nurses and licensed nurse employee #3 in attendance the resident's feet were assessed.</p> <p>Both feet had extensive patches of dry flaky skin. The resident's left foot was in worse condition than the right, as the bottom of the resident's left foot had what appeared to be a "cap" of thick dry yellowish skin across the sole of the foot. On the outer aspect of the left foot were two reddened areas which measured approximately 1 inch in length and width. Interview</p>						

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	<p>with the Director of Nurses indicated the areas were the result of where the thick dried skin had come off of the surface of the resident's foot. Further interview, the Director of Nurses indicated the resident needed staff to lotion feet.</p> <p>Review of a subsequent plan of care dated 10-03-12 indicated the resident was "NPO [nothing by mouth] and needs extra care to mouth." Interventions to this plan of care indicated "oral care every shift and prn [as needed]."</p> <p>Observation on 12-19-12 at 2:30 p.m., the resident was assessed. During this assessment, the resident's lips were dry and slightly cracked When the resident opened mouth "strings of thick mucus" were observed between the surface of the upper and lower lips.</p> <p>This Federal tag relates to Complaint IN00121015.</p> <p>3.1-38(a)(3)(A)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2013

FORM APPROVED

OMB NO. 0938-0391

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	3.1-38(a)(3)(C) 3.1-38(a)(3)(E) 3.1-38(b)(1)						

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F0314 SS=E	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review and interview, the facility failed to ensure a resident received treatment of existing open areas, and/or prevention of existing areas of excoriation for 3 of 4 resident's sampled for pressure ulcers and excoriation in a total sample of 6. [Residents "B", "D" and "E"].</p> <p>Findings include:</p> <p>1. The record for Resident "B" was reviewed on 12-17-12 at 1:30 p.m. Diagnoses included but were not limited to diabetes mellitus, pancreatic disorder, hypertension, traumatic brain injury, chronic obstructive pulmonary disease and</p>			F0314	<p>F314 Treatment/SVCS to prevent/heal pressure sores It is the practice of this provide to ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident B no longer resides at the facility. · Resident D's chart was reviewed, physician orders clarified, care plan updated and resident care sheet updated. Resident is receiving pressure ulcer</p>		01/16/2013

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	<p>hypertension. These diagnoses remained current at the time of the record review.</p> <p>Review of the resident's minimum data set assessment, dated 09-19-12 indicated the resident required extensive assistance with toileting, hygiene and was frequently incontinent.</p> <p>The resident's plan of care dated 10-04-11 indicated the resident had a "self care deficit. A "goal" to this "problem" indicated the "resident will be clean, neatly groomed and dressed appropriately daily"</p> <p>Interventions included "incontinent care as needed, provide oral care at least two times daily, provide shower two times per week, and partial bath in between."</p> <p>A subsequent plan of care dated 08-12-12 indicated "problem - resident has h/o [history of] impaired skin integrity to lt. [left] ankle and rt. [right]ankle."</p>			<p>treatment per physician orders. · Resident E no longer resides at the facility How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be effected by the alleged deficient practice · A skin sweep has been conducted by DNS/designee to ensure all interventions are in place to promote healing, prevent infection and prevent new sores from developing · Nursing staff will be re-educated on skin management program by January 16, 2013 by the Staff Development · DNS/designee to monitor for compliance. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? · Nursing staff will be re-educated on skin management program by January 16, 2013 by the Staff Development · Skin sweeps will be held monthly · Noncompliance with the facility policy and procedures may result in employee education and /or disciplinary action. · A Nurse rounds sheet will be completed each shift to ensure residents are receiving services per plan of care · Director of Nursing Services/designee will monitor for compliance. How the corrective</p>			

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	<p>Interventions to this plan of care included Notify MD of worsening or no change in wound or for signs of infection, incontinent care as needed, assess wound weekly documenting measurements and description, observe for signs of infection: redness, pain, drainage, malodorous drainage, fever, increase in size/depth of wound."</p> <p>The resident's blood glucose levels continued to fluctuate through 11-22-12, when the resident was sent to the local area hospital for evaluation.</p> <p>When the resident was evaluated at the local area hospital emergency room on 11-22-12, the hospital record indicated the resident was assessed with "poor oral hygiene, diaper soaked in urine, diaper rash and small ulcer on testicle."</p> <p>Additional hospital notation dated 11-22-12 indicated the "patient was "unclean/has poor oral hygiene, poor skin condition/decubitus</p>				<p>action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · A skin management program CQI tool will be utilized weekly x 4, monthly x 2, and quarterly thereafter for one year. Data will be submitted to the CQI committee for follow up. If 95% a threshold is not achieved, an action plan will be developed. Completion Date: January 16, 2013</p>		

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	<p>ulcers, ulcers on testicles, and extreme diaper rash."</p> <p>During record review on 12-19-12 at 9:30 a.m., the "shower report" dated 11-21-12 indicated the resident had "redness and raw" noted. The comment section of this report indicated "redness with no open areas." Interview on 12-19-12 at 1:10 p.m. the Assistant Director of Nurses indicated the physician should have been notified for a treatment order. "I was not made aware that on 11-21-12 the area was red or raw. If I had know, yes it would have required the doctor to be notified for a treatment order."</p> <p>2. The record for Resident "D" was reviewed on 12-19-12 at 9:40 a.m. Diagnoses included but were not limited to ischemic heart disease, Alzheimer dementia, coronary artery disease, hypertension, and a pressure ulcer. These diagnoses remained current at the time of the record review.</p>						

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	<p>The record indicated the resident was treated by a local wound care company.</p> <p>The record indicated the resident had a plan of care dated 11-21-12 which indicated the "resident was at risk for skin breakdown due to impaired mobility, slides down in chair/bed, diabetes, heart disease, incontinence, confusion, anemia and pressure area to the sacrum." Interventions to this plan of care included "preventative treatment as ordered."</p> <p>Review of a physician order dated 12-07-12 instructed the nursing staff to "cleanse sacrum with normal saline and pat dry, apply calo [calmoseptine] to periwound, santyl to wound bed, cover with gauze, secure with tape, change daily and prn [as needed]."</p> <p>The resident was assessed by the local wound care specialist on 12-14-12 and indicated a change in</p>						

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	<p>the "plan - Cleanse wound bed with normal saline and pat dry. Apply barrier cream to periwound. Santyl to wound bed followed by hydrogel moistened, fluffed gauze, then cover with dry gauze and secure daily and PRN soiled."</p> <p>Observation on 12-19-12 at 10:30 a.m., licensed nurse employee #8 indicated she was preparing to complete the dressing change to the resident's pressure ulcer.</p> <p>During this observation, the resident was lying on back in bed fully dressed. The licensed nurse with the help of a CNA turned the resident to the right side, pulled slacks to ankles, removed one side of the incontinent brief, exposing the resident's buttocks. The resident did not have a dressing to the pressure ulcer.</p> <p>3. The record for Resident "E" was reviewed on 12-18-12 at 10:30 a.m. Diagnoses included but were not limited to respiratory failure,</p>						

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	<p>congestive heart failure, chronic obstructive pulmonary disease, and anoxic injury.</p> <p>In addition the resident had a gastrostomy feeding tube, an indwelling catheter, a rectal tube and a tracheostomy.</p> <p>These diagnoses remained current at the time of the record review.</p> <p>Observation on 12-18-12 at 1:35 p.m., the resident was observed for a skin assessment. With the Director of Nurses in attendance and licensed nurse employee #3 the resident was turned to the right side. Observation at this time, the resident was incontinent of stool and a saturated dressing was observed on the posterior of the resident's left thigh.</p> <p>Review of the nurses progress notes, dated 12-17-12 at 4:29 p.m. indicated the "resident had a small area covered with a bandage on left buttock cheek. Area is closed however with potential to</p>						

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	<p>breakdown." Review of the nursing admission assessment, dated 12-17-12 at 3:20 p.m., also indicated the resident had a "pressure sore - left buttock cheek."</p> <p>Review of the "Temporary Admission Care Plan," dated 12-17-12 at 3:35 p.m., indicated the resident "has actual impaired skin integrity (location) left buttock cheek." Intervention to this plan of care included "notify the MD [medical doctor] as needed."</p> <p>The nursing staff failed to notify the physician for a treatment order until 12-18-12 at 1:00 p.m., when the Director of Nurse indicated the physician prescribed Calmoseptine every shift and as needed."</p> <p>This Federal tag relates to Complaint IN00120868.</p> <p>3.1-40(a)(2)</p>						

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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure dependent resident's were free from accidents which resulted in a head injury, bruising and swelling [Resident "D"] for 2 of 4 resident's reviewed for falls in a sample of 6. [Residents "D" and "C"].</p> <p>Findings include:</p> <p>1. The record for Resident "D" was reviewed on 12-19-12 at 9:40 a.m. Diagnoses included but were not limited to ischemic heart disease, Alzheimer dementia, coronary artery disease, hypertension, and a pressure ulcer. These diagnoses remained current at the time of the record review.</p> <p>Review of the resident's minimum data set assessment, dated 11-26-12</p>		F0323	<p>F323 Accidents and Supervision</p> <p>It is the practice of this provider to ensure the resident's environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident D was reviewed by the IDT team for fall prevention and interventions, the care plans and residents needs sheets were updated · Resident C was reviewed by the IDT team for fall prevention and interventions, the care plans and residents needs sheets were updated How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be</p>		01/16/2013	

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	<p>indicated the resident required extensive assistance with bed mobility and transfer. However the resident also had a history of falls upon admission and a current plan of care dated 11-21-12 indicated the resident was at "risk for falls due to age, history of fall, various medications, incontinence, impaired balance, use of wheelchair, use of mechanical lift, noncompliance, confusion, psychotropic medications, antihypertensive's, and hypoglycemia."</p> <p>Interventions to the plan of care included previously dated [09-07-12] cradle mattress, mat on floor, bed against wall, and gripper socks, [09-24-12] call light in reach, non skid footwear, [10-02-12] electric high/low bed in lowest position, cradle mattress, and the most current dated [12-02-12] composure mattress, 2 pillows behind resident on right side and bed alarm."</p>			<p>taken · All residents have the potential to be affected by the alleged deficientpractice. · Nursing Staff have been re-educated on thefall management program, and mechanical lifts by SDC/designee by January 16,2013. · C.N.A.s were skills validated on mechanical lifts What measures will be putinto place or what systemic changes you will make to ensure that the deficientpractice does not recur · Nursing Staff have been re-educated on the fall management program,and mechanical lifts by SDC/designee by January 16, 2013. · C.N.A.s were skills validated on mechanical lifts · All residents at risk for falls will be reviewed quarterly andsignificant change to ensure appropriate/interventions are in place by the IDTteam. · During review of falls, the IDT will physically investigate theresident's room to determine root cause of fall. Fall interventions will be implemented basedon root cause. · Staff who arenoncompliant may be re-educated and /or receive disciplinary action up to andincluding termination. · Director ofNursing Services/designee will monitor for compliance. How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality</p>			

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	<p>Observation on 12-17-12 at 2:20 p.m., the resident was observed seated in wheelchair adjacent to room. The resident had bruising and slight swelling over the right eyebrow."</p> <p>Review of the progress notes dated 12-10-12 indicated "resident bed alarm went off, aide went in to check on resident <sic> writer was called in by the aide to observe resident. Resident was observed facing down, lower extremities on the floor mat, upper extremities on the bare floor. The bed was in it's lowest position at the time of fall. Bruise on the upper right eyebrow, round at approx. [approximately 3.5 cm. [centimeters] in diameter, 0.9 inch in length <sic> area not opened."</p> <p>The progress notes indicated the resident had a subsequent fall on 12-12-12 at 9:13 a.m. "Prior to fall resident was in bed. Staff was alerted to room by sounding of PAB [personal alarm]. Staff</p>				<p>assurance program will be put into place? · The fallsmanagement CQI tool will be utilized weekly x 4, monthly x 2, quarterly thereafter. · The CQI committee will review the data. If a 95% threshold is not achieved, an action plan will be developed. · Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination. Compliance date: January 16, 2013</p>		

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	<p>observed resident on floor next to bed lying on back on floor mat. Current interventions "bed against wall, floor mat, craddle <sic> bed, high low/bed, call light and personals in reach, 2 pillows behind resident on right side, bed alarm."</p> <p>Review of physician orders, dated 09-06-12 instructed the nursing staff for a "scoop mattress on bed at all times." A current physician order, dated 12-07-12 indicated "low loss air mattress with bolsters due to wound on sacrum."</p> <p>Observation on 12-19-12 at 10:30 a.m., the resident did not have the bolsters on the low loss air mattress.</p> <p>The resident had two falls from the bed, one which resulted in a head injury with swelling and bruising.</p> <p>2. The record for Resident "C" was reviewed on 12-17-12 at 12:50 p.m. Diagnoses included but were</p>						

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	<p>not limited to dementia, hypertension, aphasia, urinary retention, diabetes, history of pressure ulcers, dysphasia, an indwelling catheter, a feeding tube and a tracheostomy. These diagnosis remained current at the time of the record review.</p> <p>Review of the resident's minimum data set assessment, dated 10-02-12 indicated the resident required total care of the nursing staff of all aspect of activities of daily living and was severely cognitively impaired.</p> <p>Review of the resident's plan of care, dated 10-14-12, indicated the resident was "at risk for falls due to impaired balance, depression, hypertension, diabetes, aphasia, psychosis, decreased safety awareness secondary to Alzheimer's, incontinence, daily use of laxatives, hypoglycemic medication, antihypertensive medication, uses w/c for mobility, hoyer lift for all transfers and</p>						

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	<p>recent history of falls."</p> <p>Interventions to this plan of care included "observe for fall factor's and remove if possible, call light in reach, hoyer life with 2 staff assist for transfers, low bed, personal items in reach."</p> <p>Review of the physician progress notes, dated 10-08-12 indicated "Pt had recent fall on 10-05 [2012] without injuries noted. Continue fall precautions/interventions per protocol."</p> <p>Review of physician orders dated 10-14-12 at 2:00 p.m., indicated and instructed the nursing staff "ordered low air loss mattress with bolsters, education of staff on positing <sic>, standard neuro check per facility."</p> <p>A subsequent physician progress note dated 10-15-12, indicated "fall - no injuries noted."</p> <p>Review of the facility "event report" dated 10-14-12 at 5:00 p.m.</p>						

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	<p>indicated the fall was not witnessed, and upon finding the resident, the resident was lying on left side. A response to the question on the event form "What intervention(s) was put into place to prevent another fall," indicated "teaching was given to all aids/staff members about proper positioning."</p> <p>The progress note related to this fall indicated "Res. [resident] was found in room by CNA. CNA ran to get writer to help. Upon entering room, writer saw res. lying on left side with face towards the ground, forehead was resting on top of trash can. Teaching was given to CNA and other staff about repositioning of patient."</p> <p>Interview on 12-17-12 at 12:47 p.m. a concerned family member indicated "they let [resident] fall out of bed two times. [Resident] can't even move by [resident] self. I talked with them [in regard to administrative staff] and they said they were sorry for the mishap."</p>						

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	<p>Interview on 12-18-12 at 1:30 p.m., the Administrator indicated she did not have a record or the circumstances of the fall which occurred on 10-05-12.</p> <p>3. Observation on 12-19-12 at 9:45 a.m., Resident "D" was being transferred from bed to wheelchair by CNA [Certified Nurses Aide] employee #9. The CNA positioned the sling of the mechanical lift beneath the resident while the resident was in bed, attached the sling to the metal frame of the lift, and with the hand control moved the resident up from the bed, and moved the entire lift toward the middle of the room.</p> <p>The CNA, leaving the resident up in the air, went to the resident bathroom, where the wheelchair was located, and then positioned the wheelchair beneath the resident. The CNA, after repeated efforts to position the resident over the middle of the wheelchair, eventually lowered the resident into</p>						

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	<p>the wheelchair.</p> <p>Review of the Resident Care Sheet, indicated the resident required 2 staff members for transfer.</p> <p>Review of the facility policy on 12-19-12 at 11:05 a.m., titled "Mechanical Lift," dated as the original date of 02/2012 and review date of 03-2012 indicated the following:</p> <p>"Procedure Steps: NOTE [bold type]: Two (2) staff is required at all times when using a mechanical lift. 18. Roll the lift slowly away from bed and toward the chair. 19. One staff should guide resident as other staff operates the lift."</p> <p>During interview on 12-19-12 at 12:30 p.m. the Administrator verified the CNA admitted she transferred the resident independently.</p> <p>This Federal tag relates to Complaint IN00121015.</p> <p>3.1-45(a)(2)</p>						

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F0327 SS=E	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on record review and interview the facility failed to ensure the hydration needs of residents who were identified at risk for dehydration for 3 of 3 residents sampled for hydration in a sample of 6. [Residents "C", "D" and "E"].</p> <p>Findings include:</p> <p>1. The record for Resident "C" was reviewed on 12-17-12 at 12:50 p.m. Diagnoses included but were not limited to dementia, hypertension, aphasia, urinary retention, diabetes, history of pressure ulcers, dysphasia, an indwelling catheter, a feeding tube and a tracheostomy. These diagnosis remained current at the time of the record review.</p> <p>The resident had a physician order dated 11-06-12 which instructed the nursing staff to "flush G-tube</p>			F0327	<p>F327 Sufficient fluid to maintain hydration.It is the practice of this facility to ensure that each resident has sufficient fluid intake to maintain proper hydration and health. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident C had a new hydration assessment completed by Nursing and assessed by the RD. Residents hydration needs are being met per plan of care. · Resident D had a new hydration assessment completed by Nursing and assessed by the RD. Residents hydration needs are being met per plan of care. · Resident E no longer resides at the facility How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken · All residents have the potential to be affected by the alleged deficient practice. · Nursing were re-educated on the hydration program and enteral therapy physician orders by the January 16, 2013 by</p>		01/16/2013

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	<p>with 300 c.c. [cubic centimeters] every four hours."</p> <p>Review of the 11-2012 medication administration record contained documentation on only two separate dates related to the resident's additional hydration, 11-11-12 with 1120 c.c., and 11-20-12 with 960 c.c. of fluids.</p> <p>The resident was admitted to the local area hospital on 12-03-12 due to a feeding tube malfunction. Further review of the hospital notes, dated 12-03-12 indicated the resident had "hypernatremia likely secondary to dehydration."</p> <p>Review of the hospital laboratory results indicated the resident's sodium level was 151, with normal range of 135 - 145.</p> <p>The hospital nursing staff administered intravenous fluids at 125 c.c. per hour and "free H2O [water] flushes after re-insertion of the feeding tube."</p>			<p>SDC/designee All residents who are identified for risk of dehydration were reviewed to ensure residents are receiving adequate fluids based on dietary recommendations. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur · Nursing were re-educated on the hydration program and enteral therapy physician orders by the January 16, 2013 by SDC/designee · A Nurse rounds sheet will be completed each shift to ensure residents are hydration needs are being met · A hydration assessment by nursing will be completed quarterly and with a significant change · Nurse Managers/designee will audit the MAR/TAR's to ensure compliance of physician orders for hydration needs · Staff who are noncompliant may be re-educated and /or receive disciplinary action up to and including termination · Director of Nursing Services/designee will monitor for compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · A hydration CQI tool will be utilized weekly x 4, monthly x 2, quarterly thereafter. · The</p>			

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	<p>The resident returned to the facility on 12-07-12.</p> <p>2. The record for Resident "D" was reviewed on 12-19-12 at 9:40 a.m. Diagnoses included but were not limited to ischemic heart disease, Alzheimer dementia, coronary artery disease, hypertension, and a pressure ulcer. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident was at "risk for dehydration" and had a physician order dated 11-21-12 to "start 120 c.c. water with each med. [medication] pass and document ml's. [milliliters]consumed in MAR [medication administration record]."</p> <p>Review of the resident's plan of care originally dated 11-21-12 indicated the resident was at risk for dehydration due to "UTI [urinary tract infection] and use of</p>			<p>CQI committeewill review the data. If a 95% threshold is not achieved, an action plan willbe developed. Noncompliancewith facility policy and procedure may result in employee education and/ordisciplinary action up to and including termination. Compliance date: January 16, 2013</p>			

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	<p>antibiotic therapy, assist with food, DM [diabetes mellitus] and confusion."</p> <p>Interventions to this plan of care included "Provide 120 ml water with each med pass and document in MAR ml consumed."</p> <p>Review of the current MAR for 12-2012 lacked information/instruction to the nursing staff for this current physician order, and further lacked documentation of ml's. of additional fluids provided by the nursing staff and received by the resident.</p> <p>3. The record for Resident "E" was reviewed on 12-18-12 at 10:30 a.m. Diagnoses included but were not limited to respiratory failure, congestive heart failure, chronic obstructive pulmonary disease, and anoxic injury. In addition the resident had a gastrostomy feeding tube, an indwelling catheter, a rectal tube</p>						

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	<p>and a tracheostomy.</p> <p>These diagnoses remained current at the time of the record review.</p> <p>Observation on 12-18-12 at 1:35 p.m., the resident was observed for a skin assessment. With the Director of Nurses in attendance and licensed nurse employee #3 the resident was turned to the right side. Observation at this time, the resident was incontinent of stool and a saturated dressing was on the posterior of the resident's left thigh. The resident was observed with an indwelling catheter in which the resident's urine was light yellow in color.</p> <p>Upon admission the resident was assessed with a feeding tube and physician orders for a "free water boluses 400 ml [milliliters] every six hours."</p> <p>Upon review of the medication administration record [12-2012], the nurse transcribed the order as</p>						

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	<p>200 ml every six hours. Interview on 12-19-12 at 8:25 a.m., licensed nurse employee #7 verified the order as "200 c.c. [cubic centimeters] every 4 hours" rather than the physician ordered 400 c.c. every four hours.</p> <p>Observation on 12-19-12 at 9:55 a.m., with the Director of Nurses in attendance the resident's skin was again assessed. The urine in the resident's catheter tubing was dark and appeared concentrated. Interview on 12-19-12 at 1:00 p.m., the Director of Nurses verified the color of the resident's urine. The nursing staff failed follow the physician order for the free water boluses, and the resident did not receive the required amount of hydration which was 2200 c.c. of free water bolus.</p> <p>Review of the metabolic profile collected on 12-19-12 at 7:36 a.m. with the results received at the facility on 12-19-12 at 13:55 [1:55 p.m.] indicated the resident's</p>						

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	<p>sodium level was 153 [normal range of 126 - 146], BUN [blood urea nitrogen] at 30 [normal range 7 - 18].</p> <p>This Federal tag relates to Complaint IN00121015.</p> <p>3.1-46(b)</p>						

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F0465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview the facility failed to ensure a comfortable environment for residents and staff for 3 of 3 nursing units observed.</p> <p>Findings include:</p> <p>1. Willow Bend Nursing Unit - The wooden handrails throughout this Unit were worn and without a finish. The door framing along the resident's doors lacked paint and had areas too numerous to count.</p> <p>Room 12 - The privacy curtain in this occupied resident room was dangling from the metal ceiling track. The privacy curtain had multiple splatters of a pink-red substance.</p> <p>Room 17 - The door to the resident room had scratched surfaces which extended the entire width of the</p>		F0465	<p>F465</p> <p>It is the practice of the facility to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. What correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice? · Room 17-the doorhas been re-painted, completed on January 10, 2013 · The common areain front of the nurses station was re-painted on January 7, 2013 · The Oxygen Room door and areas on both sides wererepainted on January 7, 2013 · The Housekeeping closet was cleaned on January 7,2013. · Auguste's Cottage doors were repainted on January 9,2013. · Employee lounge—the boxes were removed December 18,2012. · The refrigerator in the employee lounge was cleanedDecember 18, 2012 · The microwave in the employee lounge was cleanedDecember 18, 2012 · The paper towels and counter in the employee lounge was cleaned on December 18, 2012. · Cedar Bay-The pantry door was repainted on January10, 2013 and the</p>		01/16/2013	

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	<p>door.</p> <p>The common area in front of the nurses station was a plastered area which lacked paint. The area measured 12 inches by 12 inches.</p> <p>"Oxygen Room" - during observation on 12-18-12 at 12:55 p.m. had a plastered area on both sides of the lower 1/3 of the door. The areas lacked a painted surface.</p> <p>"Housekeeping Closet" - This door was found unlocked. There was a build up of the black substance along the edges of where the wall and floor surface joined. This area spanned approximately 3 inches to 1 inches in various areas of this room. Water was observed on the floor.</p> <p>2. Auguste's Cottage - The secured door to this dementia unit were observed with scratches which marred the surface of the door. The areas spanned the entire width of the doors.</p>				<p>handrails will be refinished by January 14, 2013 · The door to the "Spa" was repainted on January 9, 2013 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. · No residents were identified. · All areas will be cleaned and repaired by January 16, 2013 What measures will be put into place or systemic changes you will make to ensure that the deficient practice does not recur. · common areas/employee lounge will be put on a daily cleaning schedule. · Maintenance Director/designee will make daily rounds and report findings to the Executive Director. Housekeeping & Maintenance staff will be re-educated to ensure the facility is safe, functional, sanitary and a comfortable environment for residents and staff · Maintenance Director will follow Preventative Maintenance program for repair and update. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Maintenance Director will make daily rounds and report findings to the Executive Director. · Maintenance Director will follow Preventative</p>		

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	<p>3. Employee lounge - Observation on 12-17-12 at 2:10 p.m., this lounge contained 30 boxes of supplies strewn about the floor.</p> <p>The refrigerator in this lounge had dried spillage along the bottom and door shelves.</p> <p>The microwave had baked/cooked on spillage on all 3 inside surfaces including the top and bottom surface. A notation taped to the top of the microwave instructed the nursing staff "NOTE: wipe down the microwave when you are done using it."</p> <p>Paper towels used and new were strewn across the counter surface.</p> <p>4. Cedar Bay - Adjacent to the nurses station was the "pantry." The surface of the door had scuffed and marred surface and scratches too numerous to count. The wooden handrails throughout this Unit were worn and without a</p>				<p>Maintenance program for repair and update. An environmental /safety CQI will be completed weekly X 2, Monthly X 2 and quarterly thereafter. The ED or designee is responsible for the completion of the Environmental CQI tool weekly times 4 weeks, bi-monthly times 2 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If a 95% threshold is not achieved an action plan will be developed to ensure compliance. Completion date: January 16, 2013</p>		

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	<p>finish.</p> <p>The door to the "SPA" was scuffed and also had scratches too numerous to count.</p> <p>Interview on 12-07-12 at 2:30 p.m., the Administrator agreed the first thing she noticed was the condition of the door frames of the resident rooms.</p> <p>3.1-19(f)</p>						

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F0514 SS=E	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation the facility failed to ensure records from loss or destruction for 1 of 1 medical record rooms observed.</p> <p>Findings include:</p> <p>Observation on 12-19-12 at 8:15 a.m., with the Administrator in attendance, the Medical Record room was observed. This room was located in the facility basement and the door to the room was locked.</p> <p>However there were cardboard boxes which were too numerous to count situated on top of metal filing</p>			F0514	<p>F514 Clinical Records</p> <p>It is the practice of this provider to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete: accurately documented; readily accessible; and systematically organized. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · No residents were identified. Medical records were serviced on maintaining each resident's clinical record accurately, readily accessible and systematically organized. How will you identify other residents having the potential to be affected by the same deficient practice and</p>		01/16/2013

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	<p>cabinets. The boxes had handwritten description of the contents which included resident discharge records, resident trust funds, facsimiles to physician offices, QA [quality assurance] files, falls reports, skin log, incident logs, physician order forms [completed], documentation related to resident pharmacy and laboratory results, and employee files.</p> <p>3.1-50(d)</p>			<p>what corrective action will be taken? · Residents residing in the facility have the potential to be affected by the alleged deficient practice. · The cardboard boxes were removed on January 8, 2013 from the medical records room. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur · Medical Records will be stored in a professional standard that is accurately documented, readily accessible and systematically organized. · The Medical Records clerk or ED will audit the medical records storage room weekly to ensure records are stored properly. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place · The Medical Records clerk or ED will audit the medical records storage room weekly to ensure records are stored properly. If issues are identified, an action plan will be developed to ensure compliance. The Medical Director/ED will monitor that the medical records storage area to ensure the deficient practice does not recur. A Medical Records CQI audit tool will be used weekly for 12 months to ensure the medical records are organized and stored</p>			

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					appropriately Compliance date: January 16, 2013		